



CITY OF SOMERVILLE, MASSACHUSETTS
OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT
JOSEPH A. CURTATONE
MAYOR

DIVISION OF INSPECTIONAL SERVICES

BUILDING DEPARTMENT

I, Kelly A Como, as Keeper of the Records for the City of Somerville, Mayors Office of Strategic Planning and Community Development, Inspectional Services Division, hereby certify that the documents herewith are true and accurate copies of documents in the custody of the Inspectional Services Division relative to the following property:

193 BROADWAY
2 copies

Signed under the pains and penalties of perjury, this 25 day of NOV, 2011.

Kelly A Como
Signature

KELLY A COMO
Print Name





CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES
APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE: 50.00
DATE REC'D: 6/1/11
ACCEPTED BY: JD
DATE ISSUED: 6/1/11
DATE DENIED: _____
PERMIT NO.: BP-11-7561

1. LOCATION OF PROPERTY (NO. AND STREET) <u>193 Broadway</u>		MAP <u>77</u> BLOCK <u>0</u> LOT <u>1</u>	
2. NAME AND ADDRESS OF PROPERTY OWNER <u>193 Broadway LLC</u>			
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER REGISTRATION NUMBER _____ TELEPHONE _____			
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER CONST. SUPER. LIC. NO. <u>3895</u> H.I.C. REG. NO. _____ TELEPHONE _____ SIGNATURE (REQ'D) _____			
5. ZONING DIST.	TYPE OF PERMIT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY		
6. WARD	<input checked="" type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER		
7. CURRENT USE(S) <u>Residence</u>		PROPOSED USE(S) _____	
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS <u>3</u>		USE GROUP _____	
9. ESTIMATED CONSTRUCTION COST <u>1,000.00</u>			
10. WHAT IS THE CONSTRUCTION TYPE? <u>REPAIR PORCH</u>		PLANS SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. LOT DIMENSIONS	AREA	FRONT YARD	REAR YARD
12. PROPOSED SETBACKS		FRONT YARD	REAR YARD
13. HEIGHT OF STRUCTURE (FT.)	TOTAL SQUARE FOOTAGE		NUMBER OF STORIES
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER _____			
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE _____	
16. WASTE DISPOSAL COMPANY		DISPOSAL SITE ADDRESS _____	
17. DEMOLITION: HAS DEPT. NOTIFICATION FROM BEEN COMPLETED?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION
(DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)

REPAIR of 1 story Porch as is

ARE THE FOLLOWING INCLUDED?

YES NO

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO
THE BEST OF MY KNOWLEDGE.



CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD, ALTER, REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE

PLEASE TYPE OR PRINT CLEARLY IN INK

PLAD RECD # 18517

FOR OFFICE USE ONLY

FEE

DATE REC'D

ACCEPTED BY

DATE ISSUED

DATE DENIED

PERMIT NO.

MAP 77 BLOCK 0 LOT 1

1. LOCATION OF PROPERTY (NO. AND STREET)

2. NAME AND ADDRESS OF PROPERTY OWNER

3. NAME AND ADDRESS OF ARCHITECT/ENGINEER

REGISTRATION NUMBER

TELEPHONE

TELEPHONE

4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER

CONST. SUPER. LIC. NO. CS 97105 E.P. 9/1/12

H.I.C. REG. NO.

SIGNATURE (REQ'D)

5. ZONING DIST. CDD 55

TYPE OF PERMIT:

☐ NEW

☐ ADDITION

☐ CERTIFICATE OF OCCUPANCY

☐ REPAIR

☐ DEMOLITION

☐ ALTERATION

☒ OTHER

6. WARD 1

7. CURRENT USE(S)

Ice Cream Shop

PROPOSED USE(S)

Ice Cream Shop

USE GROUP B

8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS

9. ESTIMATED CONSTRUCTION COST

7000.00

10. WHAT IS THE CONSTRUCTION TYPE?

re-cover awning

PLANS SUBMITTED

☒ YES ☐ NO

11. LOT DIMENSIONS

AREA

FRONT YARD

REAR YARD

RIGHT SIDE

LEFT SIDE

12. PROPOSED SETBACKS

FRONT YARD

REAR YARD

RIGHT SIDE

LEFT SIDE

13. HEIGHT OF STRUCTURE (FT.)

TOTAL SQUARE FOOTAGE

NUMBER OF STORIES

14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? ☐ YES ☒ NO

IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER

15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? ☐ YES ☒ NO

IF YES, GIVE COMMISSION APPROVAL DATE

16. WASTE DISPOSAL COMPANY

DISPOSAL SITE ADDRESS

17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? ☐ YES ☒ NO

DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION
(DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)

Take down & re-cover existing awning structure and re-install

ARE THE FOLLOWING INCLUDED?

OCCUPYING STREET OR SIDEWALK

(1) ☐ YES ☒ NO

DUMPSTER ON CITY PROPERTY

(1) ☐ YES ☒ NO

ELECTRICAL

(1) ☐ YES ☒ NO

PLUMBING/GAS/FITTING

(1) ☐ YES ☒ NO

HEATING (Mechanical)

(1) (2) ☐ YES ☒ NO

OIL STORAGE

(1) ☐ YES ☒ NO

AIR CONDITIONING

(1) (2) ☐ YES ☒ NO

PUBLIC WATER/SEWER

(1) ☐ YES ☒ NO

FIRE SUPPRESSION (Mechanical)

(1) (3) ☐ YES ☒ NO

FIRE DETECTION

(3) ☐ YES ☒ NO

WOOD BURNING APPLIANCE

(1) ☐ YES ☒ NO

NOTES: 1. REQUIRES SEPARATE PERMIT

NOTES: 2. HEAT LOSS INFO REQUIRED

NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE

Signature of Owner or Authorized Agent

Print name clearly

Street

City

State

Zip

Phone number where you can be reached (days)

APPROVED

Inspector's Name and Title